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Caring for Lesbian, Gay, Bisexual, and Transsexual Parents and their Children

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Caring for *Lesbian, Gay, Bisexual, and Transsexual* Parents and their Children

by Gary J Burkholder, PhD and Patricia Burbank, DNSc RN

Abstract: Estimates indicate that about 1% of all households are headed by gay and lesbian parents and that about 19.4% of these households report having children under the age of 18 years at home. There are a number of social, legal, and health care issues faced by lesbian, gay, bisexual, and transgender (LGBT) families and their children. The purpose of this article is to provide information to health care professionals that can help them to better address the health care needs of LGBT families. Included are resources that nurses can use to understand the complex issues facing LGBT families.

Keywords: LGBT; healthcare; nursing; nursing education

Researchers and demographers do not agree on the numbers of lesbian, gay, bisexual, and transgender (LGBT) individuals. Data are difficult to obtain, because many people who are LGBT choose not to disclose their sexual orientation; therefore, most statistics tend to underestimate actual numbers. Gates (2012) estimated the LGBT population to be 3.8% of the United States (U.S.) total based on an average of the percentages gleaned from a number of large-scale studies of self-identified LGBT individuals. According to results of the 2010 American Community Survey (ACS), a survey provided to a representative sample of the U. S. population (Lofquist, 2011), about 1% of all households are headed by same-sex couples. Of this number, 19.4% reported having children.

There are a variety of ways that LGBT parents choose or come into their families. In 2010, the ACS Survey results indicated that, of the 19.4% of households headed by same-sex couples with children, 84.1% reported living with their own children. Of this number, 72.8% were reported as biological children from previous heterosexual relationships or artificial insemination, 21.2% as step or adopted children, and 6% had a combination of biological, step, and adopted children (Lofquist, 2011). While it is unclear about the relative percentages of women who choose artificial insemination, Dunne (2000), in a small study in the United Kingdom, found that 76% of her sample ($n = 29$) became mothers as a result of artificial insemination and that 30% of the donors chose to be involved with the children in some way.

It can be concluded that (a) there are a significant number of households headed by LGBT couples that have children under the age of 18 living at home, (b) these couples come into their families in a variety of ways, including raising children from previous marriages, adoption, and artificial insemination through known or anonymous donors, and (c) family composition may be more complex; for example, almost a third of donors are likely to have some involvement in raising children. There is a high likelihood that health care professionals, nurses, and childbirth educators will come into contact with families headed by LGBT parents. This contact could be in the context of providing care to them and their children as well as being involved in decisions by such couples to become parents.



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Limited Research and Education Related to LGBT Childbearing Families

Nursing authors have been silent on LGBT health issues in general. In a review of the top 10 nursing journals for articles about LGBT health, Eliason, Dibble, and DeJoseph (2010) found only eight articles out of almost 5000 (.16%); none of these were from U.S. authors. Other researchers have noted limited research related to families headed by LGBT parents (Shields et al., 2012; Weber, 2010a). Shields and colleagues identified the dearth of research on parents who access health care for their children, while Weber (2010a) noted that there is limited literature for health care professionals on dealing with these families.

This has implications for practice and education of health care professionals. Lim and Bernstein (2012) wrote in their review of aging issues among LGBT elders that “the education and training of health care workers is traditionally devoid of LGBT-specific curricular content” (p. 170). In one study of gay and lesbian parents, Perrin and Kulkin (1996) found that, while overall the majority of parents indicated that they had received supporting and affirming care, those who did not reported issues such as lack of understanding about same-sex parenting, including “the need to explain that both partners were the child’s parents” (p. 633). They also found that about 23% of parents reported that their pediatricians did not know their sexual orientation. McManus, Hunter, and Renn (2005) remarked that a review of textbooks “revealed little or no information addressing issues specific to caring for the gay or lesbian childbearing family” (p. 14). The evidence suggests that nursing curricula devote inadequate attention to LGBT families, including information that can be helpful to health care professionals who will likely provide care for same-sex couples and their children.

The purposes of this article are to provide those who care for the childbearing family information on LGBT individuals and families including (a) what we know about them from scientific research; (b) a brief overview of state laws affecting LGBT families; (c) strategies for working with these families; and (d) resources for seeking further information. Since most education for health care professionals devote limited attention to information related to same-sex couples

and their families, it is important to be able to know scientific facts related to LGBT families and resources that can be used to help health care professionals educate themselves on the issues to provide the highest quality of affirming and supportive care.

Increasing Acceptance of LGBT Individuals and Families

Public opinion has been increasingly favorable regarding same-sex relationships. According to the Pew Research Center (2012), 47% of Americans favor gay marriage compared with 43% who are opposed. The public is similarly split regarding whether gay and lesbian parenting is acceptable or not acceptable (Pew Research Center, 2011). Public opinion and scientific opinion, however, are not always aligned.

children who grow up in same-sex parent families fare as well as children who grow up in opposite-sex parent families

Based on research findings, many organizations have reached out to support basic rights and health care priorities of LGBT people. The American Psychiatric Association removed homosexuality as a disorder in 1973; the American Psychological Association followed in 1975 (Conger, 1975). In 1990, the World Health Organization removed homosexuality from its list of diseases. The Healthy People 2020 (Department of Health and Human Services, 2012) report specifically identified a number of health issues of importance to LGBT people, including expansion of domestic partner insurance coverage to reduce health disparities and the need to continue to address parenting issues across the lifespan. The Institute of Medicine (2011), in their report on the health of LGBT people, also recently pointed out the knowledge deficit related to this population and called for increased research to identify LGBT health experiences and needs. The American Association of Colleges of Nursing (AACN, 2008) provides a number of resources to improve cultural competence, including those related to the health needs of those who are LGBT. The Joint Commission (2012), a national accreditation organization for hospitals and other health care agencies, has added a new standard to advance effective communication, cultural competence, and patient-

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and family-centered care for the LGBT community. The Joint Commission has published a useful field guide as a resource for health care agencies.

Comparisons Between Children Raised by Same-Sex and Opposite-Sex Parents

While research on children raised by LGBT parents is still relatively new, thus far the preponderance of the evidence suggests that children who grow up in families headed by same-sex parents fare as well as children who grow up in families headed by opposite-sex parents (Anderssen, Amlie, & Ytteroy, 2002; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Goldberg, 2010; Patterson, 2006; Patterson, 2009). Anderssen and colleagues reviewed a number of studies published in North America and Europe between 1978 and 2000. They found no differences between children from families headed by same-sex and opposite sex parents in factors such as emotional adjustment, behavioral issues, sexual orientation, gender identity, and cognitive functioning. Patterson (2006, 2009) reached a similar conclusion in her review of the studies to date examining potential differences. Patterson (2006) concluded that the research tends to point to the importance of quality of the parent relationships with children, rather than parent sexual orientation, as the critical determinant of successful parenting outcomes. In fact, the evidence is so overwhelming that the American Psychological Association (2004) passed a resolution stating that it “opposes any discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services”, and that it “supports the protection of parent-child relationships through the legalization of joint adoptions and second parent adoptions of children being reared by same-sex couples” (p. 1).

Researchers are continuing to examine changes in family life across the lifespan for families headed by GLBT parents (for example, see Power et al. [2010] for a description of a longitudinal study underway in Australia). Researchers, in one of the longest running and largest investigation of lesbian mothers and children, found that adolescent offspring in planned lesbian families did not differ in quality of life when compared to a matched group of adolescents reared in heterosexual families (Van Gelderen et al., 2012). In addition, researchers such as Patterson (2006) have noted that

outcomes of children raised by gay fathers and adopted children living in a same-sex parented household continue to require further research.

State Laws and Rights of Same-Sex Parents and Children

According to the Human Rights Campaign (HRC, 2012a), six states and the District of Columbia issue marriage licenses to same sex couples. These include Connecticut, the District of Columbia, Iowa, Massachusetts, New Hampshire, New York, and Vermont. Maryland and Rhode Island recognize marriage licenses issued by another state for same-sex couples. In addition, nine other states recognize some other form of legal partnership (California, domestic partnerships; Delaware, civil unions; Hawaii, civil unions; Illinois, civil unions; Nevada, domestic partnerships; New Jersey, civil unions; Oregon, domestic partnerships; Rhode Island, civil unions; and Washington, domestic partnerships). Colorado, Maine, and Wisconsin provide some level of benefits to same sex couples. It is important to understand these differences, as child custody issues, adoption rights, and a variety of other rights and benefits offered to married couples, such as insurance coverage and spousal benefits, are not available to same-sex couples. And, internationally, the situation can be further complicated.

HRC (2012b) reports a variety in state laws regarding second parent adoption, or the ability of a same-sex partner to adopt the child. Eighteen states (California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Illinois, Indiana, Iowa, Maine, Massachusetts, Nevada, New Hampshire, New Jersey, New York, Oregon, Pennsylvania, Vermont, and Washington) allow second parent adoption. In eight states (Alabama, Alaska, Hawaii, Maryland, Minnesota, New Mexico, Rhode Island and Texas), parents have been able to petition in some areas of the state for adoption.

The American Civil Liberties Union (ACLU) (2012a) has provided other detailed information on parenting / adoption status. Three states (Utah, Nebraska, and Mississippi) have written laws that prohibit adoptions by LGB people; one state (Arizona) has passed a resolution that provides preference for adoptions to married couples – man and woman – over single person adoptions. Eight states (California, Maryland, Massachusetts, New Jersey, New York, Nevada, Oregon, and Wisconsin) have laws that prohibit discrimination relative to adoption, fostering, or both. Ten states allow

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second parent adoption only if marriage or civil unions are recognized (Connecticut, Delaware, Hawaii, Iowa, Nevada, New Hampshire, Oregon, Rhode Island, Vermont, and Washington; ACLU, 2012b).

Understand your own attitudes toward LGBT issues.

With such wide variation in laws, it can be difficult for same sex couples desiring to become parents to understand the various legal limitations that exist and the implications these may have on their families. The laws also change regularly, and nurses are encouraged to frequently review laws in their states.

Strategies for Nurses Who Work with LGBT Families and Children

There are several strategies nurses can employ to understand the needs of same-sex families, to improve communication, and to deliver high quality nursing care to these families.

- **Understand and identify your biases so that you can change your attitudes if needed.** Everyone carries some level of bias; the challenge is to recognize that bias and how it plays out in interactions involving the families for which you provide care. In addition, many may have religious or other views that involve morality of same-sex marriages and families, a real dilemma for some health

care providers. Self-reflection is an important quality for those who provide care to others (American Psychological Association, 2000). Unfortunately, much of the public debate surrounding same sex issues, including gays in the military, same-sex marriage, and same-sex adoption, become quickly confounded with religious and political ideology; this debate typically lacks evidence that has accumulated in the research. The research evidence to date is very clear that children raised in households headed by same-sex couples thrive as well as those raised in households headed by opposite-sex couples. Self-reflection can be an important strategy for understanding one's beliefs and attitudes that could impact care.

- **Understand your own attitudes toward LGBT issues.** One effective way that has been found to result in more favorable attitudes toward LGBT people is to interact with them (Cooley & Burkholder, 2011). In addition, there are resources that offer resources to help people identify their attitudes. The National LGBT Health Center (Fenway Institute, 2012), for example, provides in one of its training modules some reflection questions that can help nurses to critically evaluate their own attitudes toward LGBT people.
- **Try to learn about the laws in the state or country in which you practice regarding same sex marriage, adoption/foster care, and partner adoption.** For example, couples may be in the early stages of deciding how to begin a family and want guidance on options. Sometimes, healthcare providers might feel that they are “asking the wrong questions”.
- **If you don't know, ask!** It is likely that you will not know all of the answers to questions posed by LGBT parents, and they will most likely welcome some honesty and frankness. The best preparation is to have resources to help you provide the appropriate guidance; there are a number of these at the end of the article that can help you educate yourself on key issues. By educating yourself on key issues, and developing rapport with the family, you can understand the nuances of the family structures and ask questions that have a direct impact on care.
- **Gather as much information as necessary to understand as clearly as possible the family composition and specific requests by the family.** Gold (2004) provided a list of questions that can be used to help understand the family structure. Some basic questions involve identifying and understanding the involvement of people

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considered to be key parent figures for the family as well as the exact relationship between children and the parent figures. For families expecting a child, you can ask directly who the key people are that would like to attend routine wellness checks, sonograms, and who should be present in the delivery room. Work with parents to ensure that key parent figures have the necessary permissions on file to seek medical coverage for children. Also, given that benefits such as insurance coverage for same sex couples vary, understand clearly the insurance situation for the family.

- **Work with the hospitals, doctor's offices, and other health care staff to make the setting friendly to all types of parents.** For example, ensure that required forms are written to be non-heterosexist (for example, you can ask for partner instead of spouse, and you can add questions that ask for key parent figures). Include pictures that represent the variety of families seen in your healthcare setting. Research suggests that there is at least a portion of parents who are not comfortable divulging their sexual orientation to a health care provider; some parents reported experiencing problems with general heterosexist atmosphere and discomfort with same sex families by providers (Perrin & Kulkin, 1996). Learn how to respond effectively to bias that you might witness in your practice. Creating office environments that are affirming for same sex parents helps communicate positive statements to others about the general orientation and acceptance of the facility (Weber, 2010b).

Helpful LGBT Resources for Health Care Practitioners

References at the end of this article are very helpful overviews of current research related to LGBT issues in general and parenting issues in particular. In addition, these references include a number of internet and print resources that are more widely available.

General Information on LGBT Family Issues

- The Fenway Institute provides information related to the latest research regarding LGBT issues. <http://www.fenwayhealth.org>

- Dr. Goldberg's book is an excellent resource for understanding research on various lifespan issues specifically regarding LGBT families: *Lesbian and Gay Parents and Their Children* (Published 2010).
- The Fenway Institute National LGBT Health Center contains a number of learning resources and online courses that provide education on LGBT issues. In particular, modules 1, 2, 4, and 5 provide valuable information relevant to LGBT families. Included is information on identifying attitudes and biases, taking sexual histories for LGBT patients, and tips for communicating with LGBT people in healthcare settings, among other topics. <http://www.lgbthealtheducation.org/>.
- The Gay and Lesbian Medical Association (GLMA): The GLMA is an organization dedicated to advocacy for policy related to LGBT health. This site has a number of resources for healthcare providers. <http://www.glma.org/>.
- The Joint Commission. The Joint Commission accredits hospitals and other healthcare organizations. They have published a field guide to help healthcare providers better understand the needs of LGBT individuals. www.joint-commission.org.
- The National Gay and Lesbian Task Force (NGLTF): The NGLTF is a general website that contains a number of information resources regarding LGBT individuals. It also provides resources as well as the latest research and press releases on LGBT issues. www.thetaskforce.org.

Legal Issues

- American Civil Liberties Union (ACLU): The ACLU website has an extensive array of resources related to legal issues, court decisions, and other information relevant to LGBT individuals. <http://www.aclu.org/lgbt-rights/>
- The Human Rights Campaign (HRC). The HRC is committed to advocating for the civil rights for LGBT people and provides a number of resources as well as current news and legal developments: <http://www.hrc.org/>. Patterson, C. (2009).
- Children of lesbian and gay parents: Psychology, law, and policy. *American Psychologist*, 64, 727-736. This publication provides an overview of the research on LGBT families and the complexity of legal issues that impact these families.

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There are a number of strategies available to help nurses and other health care professionals to effectively address the needs of LGBT parents and their children. While healthcare professionals would be expected to make themselves aware of any state or country laws that would impact healthcare and to self-reflect on their own biases, developing rapport with the families should provide an environment in which health care professionals can engage in dialog without putting families in the position of feeling as though they have to educate on these issues.

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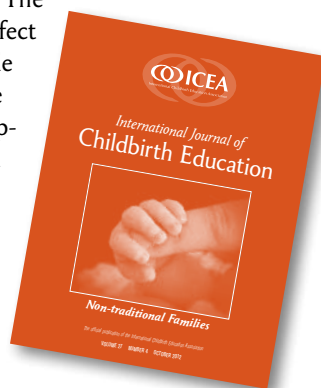
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